

RUTHERFORD COUNTY, TENNESSEE
HOTEL/MOTEL/CAMPGROUND TAX REPORT

**IMPORTANT: THIS REPORT MUST BE FILED BY THE 20TH DAY OF EACH MONTH
FOLLOWING THE MONTH FOR WHICH REPORT IS DUE!**

ASSESSMENT COVERS TAX PERIOD FROM _____ **TO** _____

NAME OF HOTEL/MOTEL, ETC.: _____

LOCATION: _____
(Street Address) (City) (State) (Zip Code)

NAME OF OWNER(S): _____

TELEPHONE NUMBER: _____

NUMBER OF ROOMS/SPACES FOR OCCUPANCY: _____

NUMBER OF PERMANENT RESIDENTS: _____

1 GROSS RECEIPTS FOR OCCUPANCY OF ROOMS/SPACES \$ _____

2 DEDUCT AMOUNT FOR PERMANENT RESIDENTS OF 45 OR MORE
CONTINUOUS DAYS \$ _____

3 EXEMPT AMOUNT OF CHARITABLE ORGANIZATIONS & GOVERNMENT
UNITS (EXEMPT SALES TAX - ATTACH COPY OF RECEIPT) \$ _____

4 NET TAXABLE RECEIPTS (LINE 1 MINUS LINES 2 & 3) \$ _____

5 TAX DUE: (2.5% OF LINE 4) \$ _____

6 PENALTY: 1% FOR EACH 30 DAYS OF DELINQUENCY OR ANY PORTION
THEREOF FOR TAX DUE ON LINE 5 \$ _____

7 INTEREST SHOULD BE FIGURED AT 12% PER ANNUM
(DAILY RATE IS .000328 OF LINE 5) \$ _____

8 LESS 2% COMPENSATION FOR OWNER/OPERATOR FOR THE REMITTANCE \$ _____
OF TAX DUE ON LINE 5 - IF TAX IS NOT DELINQUENT

TOTAL TAX DUE WITH THIS REPORT \$ _____

ANY OPERATOR COLLECTING LESS THAN \$100.00 TAX MONTHLY MAY FILE QUARTERLY.
QUARTERLY REPORTS WILL BE DUE ON THE 20TH OF APRIL, JULY, OCTOBER AND JANUARY.

I DECLARE UNDER PENALTY OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE
BEST OF MY KNOWLEDGE AND BELIEF, THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNED: _____ TITLE: _____

PLEASE MAKE CHECKS PAYABLE TO: RUTHERFORD COUNTY CLERK
MAILING ADDRESS: 319 North Maple Street, Suite 121, Murfreesboro, Tennessee 37130

FOR OFFICE USE ONLY

DATE PAID: _____ RECEIPT NUMBER: _____